Form 712 (Rev. Feb. 1977) Department of the Treasury Internal Revenue Service

Life Insurance Statement

Par	(File with Federal Estate Tax Retu	urn, Form 706)							
1 De	ecedent's first name and middle initial		3 Date of death						
4 Na	ame of insurance company	urity number (if known)							
6 Ki	nd of policy	7 Policy number	7 Policy number						
8 Na	nmes of beneficiaries								
	ce amount of policy			\$					
	incipal of any indebtedness to the company d	6							
	terest on indebtedness (item 10) accrued to nount of accumulated dividends	o date of death		<u>φ</u>					
	\$								
13 Amount of post-mortem dividends									
	4 Amount of returned premium								
	lue of proceeds as of date of death (if not pa			\$					
	ite of issue of policy								
	nount of premium			\$					
	9 (a) Provisions of policy with respect to the deferred payments or to the installments. Note: If other than lump sum settlement authorized for a surviving spouse, copy of insurance policy should be attached.								
(b	\$								
) Amount applied by the insurance company	as a single premium representing the p	ourchase of installment	\$					
20 W	as the insured the annuitant or beneficiary of ames of companies with which decedent carri	any annuity contract issued by the co	ompany?						
	he undersigned officer of the above-named	insurance company hereby certifies	that this statement set	s forth true and correc					
inform	nation.								
Signati	ire ▶	Title ▶	Date of Certification	ation >					
		Instructions							

Statement of Insurer.—This statement must be made, on behalf of the insurance company which issued the policy, by an officer of the company having access to the records of the company. For purposes of this statement, a facsimile signature may be used in lieu of a

manual signature and, if used, shall be binding as a manual signature.

Separate Statements.—A separate statement must be filed for each policy.

Signature >

Part II Living Insured

(File with Federal Gift Tax Return, Form 709. May be Filed with Federal Estate Tax Return, Form 706, where Decedent Owned Insurance on Life of Another)

SECT	ION A.—General Information						
1 (a)	st name and middle initial of donor (or decedent) (b) Last name (c) 9		(c) Soci	Social security number			
(a)	uation data with respect to: Date of gift						
SECT	ION B.—Policy Information						
3 (a)	Name of insured		(b) Sex		(c) Date of birth		
4 (a)	(a) Name of insurance company			of policy			
(c)	Policy number	(d) Face amount			(e) Date of issue		
(f)	Gross premium		(g) Frequency of		payment		
	ssignment made: Name of assignee				(b) Date assigned		
	revocable designation of beneficiary made: Name of beneficiary	(b) Sex	(c) Date if kn	1	(d) Date designated		
•	If policy is not paid-up: (a) Interpolated terminal reserve on date of assignment or irrevocable designation of benefi-						
(c) (d)	ciary						
(f)	and the second of the second o						
(a)	policy is either paid-up or a single premium: a) Total cost, on date of assignment or irrevocable designation of beneficiary, of a single-premium policy on life of insured at attained age, for original face amount plus any additional paid-up insurance (additional face amount \$). (If a single-premium policy for the total face amount would not have been issued on the life of the insured as of the date specified, nevertheless, assume that such a policy could then have been purchased by the insured and state the cost thereof, using for such purpose the same formula and basis employed, on the date specified, by the company in calculating single premiums.)						
(d)	Total (add amounts on line (a) and line (b))						
	The undersigned officer of the above-named insurance comnation.	npany hereby certifies that this	statement	sets for	th true and correct		

Date of Certification >

Title ▶